

## SHARING OF PRIVATE WELL TEST RESULTS

Water Sample Date	
Well Owner Name	
Address of Well Location	
Wisconsin Unique Well Number	
Certified Laboratory	
<i>Ensure that sufficient information is provided above to enable matching with the lab slip.</i>	

As owner of the private well identified above, I authorize the certified laboratory named above to send results of testing the water sample collected on the date indicated above to the Department of Natural Resources.

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Signature of Well Owner

Results may be delivered electronically or by mail. Mailed results should be addressed to Mr. Bill Phelps, DG/5 Department of Natural Resources P. O. Box 7921 Madison, WI 53707.

*No personally identifiable information will be used in analyzing or communicating results to parties other than the well owner.*